

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10 586267	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	8			1		
5	8			1		
6	1			1		
7	1			1		
8	6			1		
9	6			1		
10	1			1		
11	1			1		
12		1		1		
13	2			1		
14	6			1		
15	6			1		
16	6			1		
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TOTAL IND.			2			
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS		21				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			2			
TOTAL DEP.		←	19	←		←
TOTAL CLAIMS		21				